

Site _____ CRS ID# _____ Reviewer _____ Date of review _____ Mo of PSR _____

Provider Service Requisition Form Required Elements Checklist
Crosswalk these elements to your PSR form to assure all elements are addressed

The CRS Provider Services Requisition (PSR) form shall contain the following demographic information: **(Total score =100 points)**

CRS member name * Date of Birth * Address Phone
Requesting physician/provider name* Address Phone Specialty*
Requesting physician's Arizona medical license number*
Signature of requesting physician or provider* Date *
Facility/provider/physician* Address Phone
CRS Diagnosis* Procedure(s) if applicable
Supporting documents/reason for the service/medical necessity*

Documentation of: (Total score =150 points)

Reviewer Name *
Date Received by the CRS Regional Contractor *
Date PSR Requested
Type of Authorization Request *: **Standard** **Expedited**
CRS eligibility checked *
Service covered by CRS *
TPL insurance checked
Referral/Service type completed * (in pt, office, ambulatory surgery etc)
Was an extension requested? If Yes, reason given Extension letter sent
Date of Prior Authorization Approval *
Signature of authorizing medical professional (RN, BSN) *
Date authorization notice sent to provider/physician/facility *
by Staff person's name*
Met timelines***
 Standard (14 calendar days)
 Expedited (3 working days)
 Extension (additional 14 calendar days-final decision within 28 calendar days)

If PA denied (Total possible score =100 points)

Reason for denial**
Signature of Medical Director ** Date **
NOA or Non Coverage by CRS sent **
 Notification to physician/provider/facility
 AHCCCS (if appropriate)

Key to Measure Performance Scores

* Every Check in the box scores 10 points out of 100—no mark = 0 points

** Every Check in the box scores 25 points out of 100—no mark = 0 points

*** Every Check in the box scores 50 points out of 100—no mark = 0 points